

COUNTY IHSS PROVIDER APPEALS CONTACT INFORMATION

COUNTY:

DATE:

WHICH AGENCY IN YOUR COUNTY IS REVIEWING CRIMINAL HISTORY REPORTS AND DETERMINING IF A PROVIDER IS INELIGIBLE DUE TO HIS/HER CRIMINAL HISTORY?

- ☐ COUNTY ONLY
- ☐ PUBLIC AUTHORITY (PA)/NON-PROFIT CONSORTIUM (NPC) ONLY
- ☐ BOTH COUNTY AND PA/NPC

[PLEASE PROVIDE TWO CONTACT NAMES]

CONTACT NAME AND TITLE: _____

NAME OF AGENCY: _____

ADDRESS: _____

CITY, STATE ZIP CODE: _____

TELEPHONE NO.: _____

FACSIMILE NO.: _____

E-MAIL ADDRESS: _____

CONTACT NAME AND TITLE: _____

NAME OF AGENCY: _____

ADDRESS: _____

CITY, STATE ZIP CODE: _____

TELEPHONE NO.: _____

FACSIMILE NO.: _____

E-MAIL ADDRESS: _____